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## BIB DATA SHEET

CONFIRMATION NO. 9327

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/451,641	11/30/1999	424	1615	PC10664	
<b>RULE</b>					
<b>APPLICANTS</b> Danchen Gao, Chicago, IL; Anthony J. Hlinak, Lindenhurst, IL; Ahmad M. Mazhary, Algonquin, IL; James E. Truelove, Libertyville, IL; Margaret B. Vaughn, Winnetka, IL;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/110,333 11/30/1998					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/06/2000					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /SUSAN T TRAN/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
		IL	2	83	4
<b>ADDRESS</b> PHARMACIA CORPORATION GLOBAL PATENT DEPARTMENT POST OFFICE BOX 1027 ST. LOUIS, MO 63006 UNITED STATES					
<b>TITLE</b> CELECOXIB COMPOSITIONS					
<b>FILING FEE RECEIVED</b> 6032	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	